

DUE DATE:

Please Read Instructions:

1. NAME Omar Khan		2. PHONE NUMBER (212) 937-7252		3. DATE 6/29/2015	
4. MAILING ADDRESS 7 World Trade Center, 250 Greenwich St.		5. CITY New York		6. STATE NY	7. ZIP CODE 10007
8. CASE NUMBER 2:14-cv-00762-RWS		9. JUDGE Robert W. Schroeder III		DATES OF PROCEEDINGS	
				10. FROM 6/24/2015	11. TO 6/24/2015
12. CASE NAME Nexus Display Technologies LLC v. Dell Inc.et al.		LOCATION OF PROCEEDINGS			
		13. CITY Texarkana		14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/>	VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/>	OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/>	OPENING STATEMENT (Defendant)			
<input type="checkbox"/>	CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/>	CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/>	OPINION OF COURT			
<input type="checkbox"/>	JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/>	SENTENCING		Markman Hearing	6/24/2015
<input type="checkbox"/>	BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE /s/ Omar Khan			PROCESSED BY	
19. DATE 6/29/2015			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY